



ACO Formulary Updates Effective 1/6/2025

Brand Name and Non-Preferred Generic Drugs	<ol style="list-style-type: none"> 1. Revatio suspension discontinued by manufacturer; remove from BOGL 2. Add Namzaric, Sancuso, Auryxia, Xarelto tablets, Fycompa, Ravicti and Rytary to BOGL 3. Remove Afinitor tablet and Samsca from BOGL 4. Remove Kombiglyze XR and Gelnique from BOGL 5. Tirosint lost rebate, remove from BOGL 6. Vascepa lost rebate, remove from BOGL 7. Focalin XR, remove from BOGL
teprotumumab-trbw (Tepezza)	<ol style="list-style-type: none"> 1. Previous MB only; Pharmacy billing will be allowed.
Anticoagulants	N/A
Hypnotics	<ol style="list-style-type: none"> 1. Over QLs CU: remove melatonin as LCA option 2. Zolpimist obsolete, remove from GL 3. Brand Lunesta obsolete, remove from GL, keep generic 3. Silenor tablet CU: add IR/ADR/CI to doxepin capsule/liquid as required LCA
Glycopyrrolate Agents	<ol style="list-style-type: none"> 1. Glyrx-PF added, PA required, updated from H to MB 2. Glycopyrrolate injection updated to MB 3. Cuvposa CU to include QL 4. Glycate CU to include member age and update from med necessity to IR/ADR/CI to 1mg/2 mg tablet and solution
Antibiotics - Injectable	<ol style="list-style-type: none"> 1. Defencath added and MB.
VMAT2 Inhibitors	<ol style="list-style-type: none"> 1. Add Austedo XR 18 mg, 30 mg, 36 mg, 42 mg, 48 mg and titration pack to PA required following existing Austedo XR criteria. 2. Update Austedo XR QL to 1/ day
vosoritide (Voxzogo)	<ol style="list-style-type: none"> 1. Expanded indication for all children 2. Remove age criteria 3. Add appropriate dosing 4. Verbiage updates

Kinase Inhibitors	1. Ojemda added, PA required
Beta Thalassemia, Myelodysplastic Syndrome and Sickle Cell Disease Agents	1. Rytelo added, PA required and MB
Breast Cancer Therapies	1. Enhertu labeling expanded; criteria added/updated 2. A-rated generic for Halaven
Cardiovascular Agents	1.Remove Samsca from BOGL
Kinase Inhibitors	1. Remove Afinitor tablets from BOGL
C. Difficile Prevention Agents	1. Rebyota CU to update number of episodes and update LCAs to IR/ADR to 2 or CI to all: Difucid, vancomycin capsule/solution, Zinplava 2. Vowst CU to update number of episodes, add IR/ADR to 2 or CI to all: Difucid, vancomycin capsule/solution, Zinplava, and update IR/ADR/CI to Rebyota (previously Zinplava)
Psoralen Agents	1. Oxsoralen CU to update methoxsalen capsule from no PA to PA required 2. Brand Oxsoralen-Ultra capsule obsolete, remove from guideline, keep generic 3. Oxsoralen topical drug obsolete, remove drug 4. New guideline created named Psoralen Agents
Respiratory Agents – Inhaled	1. Ohtuvayre added, PA required
Respiratory Agents – Oral	1. Daliresp CU to include appropriate dosing, list out specific long-acting bronchodilators 2. Daliresp CU to update LCA for inhaled corticosteroids to Breztri and Trelegy (similar to Ohtuvayre criteria except prescriber specialty)
Gastrointestinal Agents-H2 antagonists, PPIs and Misc. Agents	1. Voquezna CU d/t new expanded indication for non-erosive reflux disease (NERD); criteria added/updated
Antimalarials	1. Sovuna added, PA required
Chemokine receptor type 4 (CXCR4) inhibitors	1. Xolremdi added, PA required

Kinase Inhibitors	<ol style="list-style-type: none"> 1. Retevmo CU for expanded age indication for Retevmo 2. Add Retevmo tablet formulation to follow existing criteria 3. Updated Retevmo QLs based on strength 4. Separate Retevmo and Gavreto criteria given expanded age change for Retevmo
Topical Hyperhidrosis Agents	<ol style="list-style-type: none"> 1. Sodfra added, PA required
Anticonvulsants	<ol style="list-style-type: none"> 1. Vigafyge added, PA required
Bile Acid Agents	<ol style="list-style-type: none"> 1. Iqirvo added, PA required 2. Livdelzi added, PA required
Antidiabetics Agents - Non-Insulin and Combination products	<ol style="list-style-type: none"> 1. remove Kombiglyze XR from BOGL
Antibiotics – Topical	<ol style="list-style-type: none"> 1. Altanax CU to include mupirocin cream or ointment as LCA options
Anti-diarrhea Agents	<ol style="list-style-type: none"> 1. Motofen updated from PA to no PA 2. Lotronex and Viberzi CU to add antispasmodic as an less costly alternative trial.
Corticotropin	<ol style="list-style-type: none"> 1. Add Acthar (corticotropin) 80 unit/0.5 mL Selfject to Acthar criteria, PA required
Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents	<ol style="list-style-type: none"> 1. Updated age limit for Wakix to at least 6 years of age 2. Updated appendix for Tasimelteon for Non-Blind Members regarding review process
Pulmonary Hypertension (PH) Agents	<ol style="list-style-type: none"> 1. Revatio suspension discontinued by manufacturer; remove from BOGL
COVID-19 Vaccines	<ol style="list-style-type: none"> 1. New guideline created to code quantity limits managed by pharmacy edits for the Comirnaty/Pfizer, Spikevax/Moderna, and Novavax COVID-19 vaccines.
Continuous Subcutaneous Insulin Infusion	<ol style="list-style-type: none"> 1. Omnipod 5 Intro (G6/Libre 2 Plus) and Omnipod 5 (G6/Libre 2 Plus) added to follow existing Omnipod criteria, PA required

Targeted Immunomodulators	<ol style="list-style-type: none"> 1. Tyenne vial added, PA required and MB 2. Tyenne auto-injection, prefilled syringe added, PA required 3. Tofidence added, PA required and MB 4. Rinvoq CU for expanded indication of pJIA; criteria added/updated 5. Cimzia CU to prefer syringes instead of vials 6. Kevzara CU for pJIA to include Humira or Enbrel trial 7. Skyrizi CU for expanded indication of UC; criteria added/updated 8. infliximab CU to remove Humira as step through in UC
Beta Thalassemia, Myelodysplastic Syndrome and Sickle Cell Disease Agents	<ol style="list-style-type: none"> 1. Casgevy CU for sickle cell disease, adding "Member will receive pre-infusion conditioning with busulfan"
Duchenne Muscular Dystrophy Disease Modifying Agents	<ol style="list-style-type: none"> 1. Duvyzat added, PA required
Thyroid Preparations	<ol style="list-style-type: none"> 1. New guideline created for Tirosint; drug status change, PA required
NSAIDs – Topical NSAIDs – Topical	<ol style="list-style-type: none"> 1. Brand name Flector Patch lost rebate, remove brand name from guideline, generic will remain 2. Brand name Licart lost rebate, remove drug from guideline, no generic available
Lipid Lowering Agents	<ol style="list-style-type: none"> 1.Brand name Flolipid gained rebate, add to status to guideline 2. Brand name Vascepa lost rebate, remove from BOGL, remove name brand from guideline, generic remains
Immune Suppressants – Topical	<ol style="list-style-type: none"> 1. Opzelura added as a preferred drug 2. Opzelura CU for indication of Atopic Dermatitis 3. Opzelura CU for indication of Vitiligo
Growth Hormone Agents	<ol style="list-style-type: none"> 1. Sogroya, add as a preferred drug 2. CU for all pediatric indications to include step through Sogroya and Skytrofa for Ngenla requests 3. CU for adult indications to include step through Sogroya for Ngenla requests
Bile Acid Agents	<ol style="list-style-type: none"> 1. Livmarli CU to update new age indication from 5 years to 12 months of age

Asthma and Allergy Monoclonal Antibodies	1. Nemluvio added, PA required
Cerebral Stimulants and ADHD Medications	<ol style="list-style-type: none"> 1. Onyda XR added, PA required 2. Qelbree CU to days of therapy for inadequate response to amoxetine 3. Focalin XR, remove from BOGL 4. Cotempla XR - ODT 25.9 mg , update QL to two tablets/day
Targeted Immunomodulators	<ol style="list-style-type: none"> 1. Skyrizi SQ formulation and Omvoh SC formulation added as preferred drug 2. Skyrizi and Omvoh CU to remove step through requirements for all indications for which they are FDA approved 3. For plaque psoriasis, Skyrizi was added as a step through for Bimzelx, Cosentyx®, Siliq, Ilumya, and Tremfya 4. For psoriatic arthritis, Skyrizi was added as a step through for Cosentyx and Tremfya 5. Tremfya CU for expanded indication of ulcerative colitis 6. Otezla 20 mg tablet CU for appropriate age and weight restrictions
Beta Thalassemia, Myelodysplastic Syndrome and Sickle Cell Disease Agents	1. Casgevy CU for expanded indication for transfusion dependent Beta thalassemia (TDT)
Alzheimer's Agents	1. Kisunla added, PA required
CGRP Inhibitors	1. Aimovig CU to remove Ajovy and Emgality as trials due to contracting
Antidiabetics Agents - Non-Insulin and Combination products	<ol style="list-style-type: none"> 1. add step through Zepbound for off-label obesity/overweight Mounjaro requests 2. add step though Ozempic for diagnosis of diabetes Mounjaro requests 3. add phentermine trial to all GLP-1 agents for the diagnosis of obesity/overweight 4. add polycystic ovarian and prediabetes as acceptable comorbid condition for obesity/overweight

Anti-Obesity Agents	<ol style="list-style-type: none"> 1. Lomaira updated from PA required to no PA required within age limits; include step-through phentermine trial 2. phentermine 15 mg, 30 mg, and 37.5 mg updated from PA required to no PA required within age limits 3. Saxenda and Wegovy updated to remove PD 4. Saxenda and Wegovy updated to not covered for obesity/overweight in adults 5. Saxenda in members < 18 years CU to include step-through phentermine trial 6. Wegovy in members < 18 years CU to include step-through phentermine trial 7. Zepbound CU to include step-through phentermine trial 8. benzphetamine, diethylpropion IR/ER, phendimetrazine IR/ER CU to include step-through phentermine trial
Pediatric Behavioral Health Medication Initiative	<ol style="list-style-type: none"> 1. Onyda XR added, PA required
Pediculicides and Scabicides	<ol style="list-style-type: none"> 1. Off-cycle update to include POS rules for Spinosad and Ivermectin lotion for members 6 months and older with applicable residence codes to pay

CU = criteria update
 DX = diagnosis
 NDR = new drug review
 PA = prior authorization
 LCA = lower cost alternative
 QA = quality analysis
 BOGL = brand over generic list
 MB = medical benefit
 QL = quantity limit